DCFS Weekly Update From the State Office

Friday, December 15, 2000

From My Perspective

By Ken Patterson

Governor's Budget Proposal for DCFS

I received a copy of Governor Leavitt's budget proposal to the 2001 Utah State Legislature yesterday. He proposes very strong support for the needs of Utah children and families through his DCFS proposals. His budget suggests a little over $7 million in new state funds for our work. It covers everything from adoptions to domestic violence and includes proposed rate increases for foster parents and our out-of-home care contractors. His proposal for state employee compensation is around 6% suggested to come in the form of both merit and discretionary pay. It looks like a very good budget to me. We will now go about preparing presentations for the legislative committees that will support the request.

In our efforts to keep you informed about the legislative process we will be conducting a video conference for all DCFS staff at 9:00 a.m. on Friday morning, January 5, 2001. We will provide detail on the proposed budget and will review the law changes we are proposing. We will have time for questions and answers. Watch for announcements of the sites where you can participate.

Munchausen Syndrome by Proxy and DCFS

Perhaps you have seen some TV segments on this topic lately. A few Utah cases have become the center of heated debate on the appropriateness and accuracy of applying the "Munchausen" label. I want to share my observations and thoughts on this phenomenon.

I do believe that some parents and caregivers seek to make children under their care intentionally ill or that they describe a child's symptoms and behaviors to medical professionals in a way that seeks to have unnecessary medical treatment provided. Their motivations for doing this may vary, and it may be often be the sign of some form of mental illness. When this does occur, the form of danger or risk it presents to a child may also vary from being life threatening to the child, to being potentially injurious to the child's social and physical development, or even being a misguided attempt by that parent to have social contact with other adults or to have their sympathy.

I sense that as incidents of "Munchausen" have come into our social consciousness (who can forget the sixth sense) we have tended to generalize the term. We may be beginning to use the term, not just in DCFS, but in popular culture as a shorthand reference to parents or caregivers who seem pre-occupied with the health problems of their child or who have troubled interactions with their child around health care issues.

The Diagnostic Statistical Manual IV does list "Munchausen Syndrome by Proxy" as a psychiatric disorder under the category of Factitious Disorders. So the psychiatric community does agree on its presence. However I think we should use extraordinary

caution using the term in our day-to-day work. My understanding is that "Munchausen Syndrome by Proxy" is diagnosed through collaboration between medical and mental health professionals. It is probably best done in a multi-disciplinary setting where other medical causes, lab results, mental health histories, and other factors are all considered.

The focus of our child protective work is to determine risk and the nature of injury to children. It seems that even in the cases where we have feared "Munchausen" that we have other observable behaviors, illness, or harm that falls into an existing category that we might substantiate. We should use the tools and mainstream definitions we have to protect children rather than stepping onto the slippery slope of alleging a disorder that is beyond our scope of training. If we feel that formal diagnosis aids long-term plans to protect a child, we should seek to form the multi-disciplinary teams qualified to do the work.

In general, I suggest that our work is best done by focusing on describing the harm we see to children, not the motivation we theorize in parents or caregivers.

Your opinions or observations by return e-mail are welcomed.

New Office Designations

By Linda O'Brien

Effective Friday, December 15, 2000 the Salt Lake Valley Region will have new office designations. The information was updated on Thursday, December 14, 2000 in both SAFE and USSDS. A mass change will be done to correct all direct service and purchase service screens in USSDS. If you have problems with Placement/PSA in SAFE, please contact the SAFE Helpdesk at 538-4141. If you are having payment problems, please contact me at 538-4642. We are only updating current open information; all history will remain in old office designations. The following are the new designations:

Salt Lake Valley Region

MSC to **VSC** (Glendale team)
MJC to **VJC** (Jackson team)
MEC to **VEC** (Metro team)
HHC to **VHC** (Holladay office/East Granite team)
HKC to **VKC** (Kearns/Taylorsville team)
HGC to **VGC** (Magna team)
HWC to **VWC** (West Valley team)
TNC to **VNC** (West Jordan team)
TMC to **VMC** (Murray team)
TTC to **VTC** (Tooele office)
TSC to **VOC** (East Jordan team)

Vaccines: What You Need To Know

By The Health Care Team

This is the second article in a series of six articles about vaccines.

Haemophilus Influenza Type b (Hib) Vaccine:

- Haemophilus Type b (Hib) disease is a serious disease caused by bacteria.
- It usually strikes children under five years of age.
- Children can get Hib disease by being around other children or adults who may have the bacteria and not know it. The germs spread from person to person. If the germs stay in the child's nose and throat, the child probably will not get sick. But sometimes the germs spread into the lungs or the bloodstream, and then Hib can cause serious problems.
- Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under five years old in the United States. Meningitis is an infection of the grain and spinal cord coverings, which can lead to lasting brain damage and deafness.

Who Should Get the Hib Vaccine and When

- Children should get Hib vaccine at two months of age, four months of age, six months of age, and 12 to 15 months of age.
- Children over five years old usually do not need the Hib vaccine.
- As with any medicine, vaccines carry a small risk of serious harm, such as severe allergic reaction or even death. The risk of Hib vaccine causing serious harm or death is extremely small.

Mild Reactions

- Redness, warmth, or swelling.
- Fever over 101 degrees F.

If these problems happen, they usually start within a day of vaccination. They may last two to three days.

Moderate or Severe Reactions

- Difficulty breathing.
- Hoarseness or wheezing.
- Hives.
- Paleness.
- Weakness.
- Fast heart beat.
- Dizziness within a few minutes to a few hours after the shot.

**This information comes from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Immunization Program.*

Who *Is* Linda Wininger Anyway?

By Linda Wininger

Once again I have had to fend off the allegations that I am from the Office of Child Protection Ombudsman (OCPO). So, I thought perhaps it was time for me to explain who I am, whom I work for, and what I do.

First of all, my name is pronounced like Winegar but is spelled Wininger. I have a Master's Degree in Social Work from the University of Utah. I am also a wife and mother. I have two other claims to fame–I have seven children (yes, I gave birth to all of them) and I was one of the founding owners of WillWin Services, a supervised visitation service which some of you might be familiar with.

I work for DCFS. My supervisor is Ken Patterson. My office is 120 North 200 West and my official title is Constituent Services Coordinator and Legislative Liaison. That means I handle all of the complaints and recommendations for the DCFS statewide. I also work on Legislative stuff (along with Abel Ortiz). In addition, I coordinate all of the referrals from OCPO, the Governor's office, and the Child Fatality Reviews. Much of my work is similar to mediation between clients and workers or DCFS and other agencies. I'm here to help you. Give me a call!

More Memos…

I have been going through my list of recommendations from the Child Fatality Reviews and OCPO and have found a couple I have not sent out. So here they are.

Confidentiality: Discussions of cases should not come up in casual conversation. Please be sure that you are discussing cases with ONLY those people who have a reason to be involved with the case, not with just any employee who will listen to you. Conversations regarding cases should not take place in public places where people can overhear the conversation. I have had complaints in the past of constituents who were upset that employees and other professionals connected with a case were discussing another case in a way that these people could overhear. Don't do it. It just isn't professional, let alone ethical.

Substantiations: Remember that cases are substantiated or not based on the actions or situations at the time of the referral—not in response to the actions taken by the family to correct the problem.

Serious Medical or Physical Abuse Cases: The new CPS policy will include a protocol for investigating these types of abuse. They can be tricky. Watch for the training on this new policy and be sure you check it out.

Media Inquiries: If you are contacted by a media person please call Carol Sisco, DHS Public Relations Officer at 538-3991, and/or me at 558-6799 or 538-4535. There is a protocol for talking to the media and it is important that you are not left "hanging in the wind" with some of those requests. We want to be sure that information given to them is accurate and is not protected information. We also want to protect you. The media can be unrelenting and ask some very pointed and accusatory questions.

To Make Your Life Easier...Using SAFE Optimally

By Robert Lewis

Here is a little refresher on making payments in SAFE for the cost of care for children who have been removed from their own homes. Back in prehistoric times when life was less complicated, we used the USSDS system. In that era, out-of-home payments,

including shelter care, could only be made through opening an out-of-home care case. However, in SAFE we can do everything in the context of a CPS case to record placements and set up and pay for care, which we can do in an SCF case. Now we do not create SCF cases for CPS removals unless DCFS is given temporary custody by the courts.

We have seen several instances lately where our workers have put themselves through an incredible amount of additional work by not remembering this change. They opened SCF cases following the removal of children by protective services, in order, as they supposed, to make payments. When the child went kinship rather than state custody, they found they had a full-blown SCF case on their hands to wrap up. They had SCF action items, a second risk assessment, a termination summary, etc., etc., to complete. As members of the SAFE team, we feel their pain deeply. We would like to encourage the rest of you not to follow their lead, but to take the clean and easy path for setting up placements and payments for newly removed children. Do it in CPS.

Licensure of Foster Care Placements, Changes in Federal Foster Care Regulations, Part 5

By Cosette Mills, Federal Revenue Manager

Previously, I addressed changes in Federal foster care regulations pertaining to the removal home, court order requirements, and court-ordered placements. In this fifth and final article of the series, I'll discuss a change in requirements for licensure of foster care placements and Federal reviews.

(***Regional child protective services teams, foster care teams, and resource family consultants are encouraged to review relevant requirements in team meetings.*** I recommend including the regional eligibility worker(s) in these discussions, if possible.)

Foster Care Provider Licensure

Federal law and regulations emphasize the importance of placing foster children in foster family homes, group homes, or residential care facilities that are safe and can provide appropriate care for the children's needs. Provisions to help ensure safety include background checks and licensure.

State and Federal laws require that background checks be performed for all foster care providers and potential adoptive parents. DHS is already in compliance with this requirement.

The law and regulations also require that children in DCFS custody are placed only in licensed foster family homes or facilities (or in approved adoptive homes meeting foster care licensure standards).

A recent change in Federal regulations prohibits claiming Federal Title IV-E funds for services from a provider who is operating with a conditional or provisional license. Full licensure must be met in order for Title IV-E funds to be claimed for the placement.

It's important that provider licenses not be allowed to lapse while foster children are placed in their care. This results in a loss of Federal funds and also creates a serious audit risk for payments being made when a provider doesn't meet qualifications.

In addition, it's important that eligibility workers are notified **immediately** of children placed with a provider whose licensure is pending or has lapsed so that no claims for Federal funds will be made for the ineligible period of time.

Federal Reviews

The new Federal regulations established standards for two types of Federal reviews of State Child Welfare Agencies (i.e., agencies receiving Title IV-B and Title IV-E funds). The reviews will be conducted every three to five years, with the frequency depending upon each State's substantial compliance during initial and subsequent reviews.

Child and Family Services Review: The first type of review is a comprehensive Child and Family Services review. It consists of both quantitative and qualitative analysis, and is performed through data analysis of information submitted to the Federal government, agency self-assessment, and in-depth on-site reviews by an evaluation team consisting of representatives of the Federal government, state agency, and community partners. The on-site review is similar to our current qualitative review process, with detailed record analysis and interviews with children, clients, partners, and staff. Some of you may recall that DCFS participated in a pilot Child and Family Services review in August 1998.

Title IV-E Review: The second type of review is an evaluation of compliance with Title IV-E requirements, conducted by a team consisting of Federal and state agency staff. The review will analyze compliance with eligibility requirements and assure foster parents and providers met licensure requirements.

For both types of reviews, the State must demonstrate substantial compliance with requirements or face corrective action and fiscal penalties.

For further information on Title IV-E eligibility, please contact your regional eligibility worker.